2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000098243

City-St-Zip:

() Delete

Title:

Name:

Address:

City-St-Zip:

FILED Aug 29, 2009 Secretary of State

Entity Nan	ne: SECOND AN	MENDME	NT, INC					
Current Principal Place of Business:					New Principal Place of Business:			
474386 EA FERNAND	ST SR 200 INA BEACH, FL	32034	US		85076 COM YULEE, FL		PARK DR US	
Current Mailing Address:					New Mailing Address:			
474386 EAST SR 200 FERNANDINA BEACH, FL 32034 US					85076 COMMERCIAL PARK DR YULEE, FL 32097 US			
FEI Number:	26-3675687 F	El Numbe	r Applied For()	FEI Num	ber Not Appli	cable ()	Certificate of Status Des	ired ()
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
2398 SADL FERNAND	INA BEACH, FL		US	urnose of	changing it	s registere	d office or registered ager	nt or both
in the State		mico uno	otatement for the p	arpose or	onanging it	o regiotere	a office of registered ager	it, or both,
SIGNATUR		Signature	of Registered Age	nt			Date	
	Electromov	Signature	or registered rige				Bate	
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () Del HARTLEY, CHRIST PO BOX 1372 YULEE, FL 32041	OPHER C			Title: Name: Address: City-St-Zip:	P HARTLEY, 0 PO BOX 13 YULEE, FL		
Title: Name: Address: City-St-Zip:	D () Del PAKE, KENNETH C 598 AMELIA CIRCL FERNANDINA BEAC	: .E	034 US		Title: Name: Address: City-St-Zip:	V PAKE, KEN 85076 COM YULEE, FL	IMERCIAL PARK DRIVE	
Title: Name: Address:	() Del	lete			Title: Name: Address:	T HARTLEY, 0 PO BOX 13	() Change (X) Addition CHRISTOPHER C 72	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

YULEE, FL 32041

PAKE, KENNETH C

YULEE, FL 32097

() Change (X) Addition

85076 COMMERCIAL PARK DRIVE

SIGNATURE: KENNETH C PAKE ٧ 08/29/2009